

**City of Blue Lake Parks & Recreation
2013 Thanksgiving Break Youth Camp**

REGISTRATION FORM

NAME OF CHILD: _____ AGE: _____
PARENT/GUARDIAN: _____
MAILING ADDRESS: _____ CITY: _____ ZIP: _____
PRIMARY PHONE: _____ OTHER PHONE: _____

LIABILITY WAIVER

I hereby give my permission to allow my child named above to participate in the activities offered by Blue Lake Break Camp. I understand that this waiver of liability protects the City, Parks & Recreation Department, and all employees from any and all injuries, physical and mental, that occur and/or are alleged to occur to my child named above during activities my child undertakes on his/her own or participates in while attending the Blue Lake Break Camp, including those offered during extended care hours. I understand that the City be held free and harmless from any and all liability claims, demands, damages, costs, and expenses resulting from participation in the activities at Blue Lake Break Camp, including those offered during extended care hours.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PROGRAM INFORMATION

General Information: Blue Lake Break Camp is a fun and exciting youth recreation program taking place at Prasch Hall. Activities focus on arts and crafts, fun games, sports and skating.

Program Days/Hours: Blue Lake Break Camp is offered Monday-Wednesday, November 25-27, from 9:00 am- 4:00 pm. Extended care is available from 8:00 am- 9:00 am and from 4:00 pm- 5:30 pm daily.

Program Fees: Blue Lake Break Camp offers different registration options to accommodate today's busy family schedules. Half day options allow attendance from either 9:00 am- 12:00 pm or 1:00 pm- 4:00 pm. Scholarships are available with proof of free or reduced school lunch.

| <u>Registration Option</u> | <u>Non-Resident Fee</u> | <u>Discounted Resident Fee</u> |
|------------------------------|-------------------------|--------------------------------|
| Daily Full Day | \$25.00 | \$22.00 |
| Daily Half Day | \$15.00 | \$13.00 |
| Extended Care AM or PM Daily | \$6.00 | \$5.00 |

PROGRAM REGISTRATION

| | | |
|------------------------|---|---|
| Monday, November 25 | <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day | Extended Care: <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Tuesday, November 26 | <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day | Extended Care: <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Wednesday, November 27 | <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day | Extended Care: <input type="checkbox"/> AM <input type="checkbox"/> PM |

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For Office Use Only

Registration Fees: Paid \$ _____ Date Paid: _____ Check Number(s) _____ (If cash, write "cash")

ADDITIONAL INFORMATION

Please list all persons allowed to pick up your child below, including yourself:

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Note: We will not release your child to anyone other than those persons listed above without your advance permission. Please let us know, in advance, if your list of authorized persons needs to include others and/or disallow someone named above from picking up your child.